

**ARIZONA DEPARTMENT OF EDUCATION  
CHILD AND ADULT CARE FOOD PROGRAM CENTER SPONSOR CLAIM**

Claims must be received by the 10<sup>th</sup> of the month following the claim month. Submit to the Arizona Department of Education, Child Nutrition Programs, 1535 W. Jefferson Street Bin #7, Phoenix, AZ 85007; or fax to 602.542.3818 or 602.542.1531. Claim may also be submitted electronically at the CNP Web at <https://www.ade.az.gov/commonlogon>. Sponsor must retain a copy of claim for permanent record.

CTD # \_\_\_\_\_ Sponsor \_\_\_\_\_ FY 2003  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (     ) \_\_\_\_\_

Claim Month/Year: \_\_\_\_\_

Type of Submission: ☐ Original  
☐ Revision

Date of Revision \_\_\_\_\_

**Income Received During Claim Month**

Non-CACFP Income \_\_\_\_\_

CACFP Income \_\_\_\_\_

Value of Cash/Non-Cash Donations \_\_\_\_\_

Value of Excess Personnel Meals \_\_\_\_\_

**CACFP Expenditures During Claim Month**

Salaries	\$
Benefits	\$
Staff Training	\$
Food	\$
Supplies	\$
Rent or Mortgage	\$
Contracted Services	\$
Communication and Utilities	\$

I certify that this claim is true and correct; that records are available to support this claim; that it is in accordance with the terms of existing Agreement(s); and that payment therefore has not been received. If a proprietary center, compensation is payable from the Department of Economic Security for Title XIX/XX adults and children for not less than 25% of total enrollment or licensed capacity for claim month. If claim is made for Sponsoring Organization, each Site for which claim is made meets the 25% criteria for claim month.

\_\_\_\_\_  
Date of  
Preparation

\_\_\_\_\_  
Printed Name of  
Authorized Signer

\_\_\_\_\_  
Authorized Signature

